

Fairfax County Department of Housing and Community Development 3700 Pender Drive, Suite 100 ● Fairfax, Virginia 22030-7442 Voice (703) 246-5223 ● TTY 703-385-3578

West Glade Pre-Application

	For Office Use Only
OPP	DA
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CT	

Social Security Number				
Last Name	First Name		M.I	
Address			Apt. #	
City	State		Zip	
Home Phone ()	Work Phone ()		
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	e Information (Before Taxes) for		•	
Gross family income: Wages \$	\$ Income from Social Security \$ Weekly			
ncome/Interest from assets \$	AFDC/TANF \$ SSI \$	\$ Child S	Support/Alimony \$	
	This information is for statistical purposes only. Ple			
☐ White ☐ Black	☐ American Indian/Native☐ Asian/Pacific Islander	Alaskan Check of	ne:	
2. Employer's Name	Employee	's Name		
			Zip	
Employed by Fairfax County Gove	rnment?	fax County Public So upy Unit ••	chools?	
Name		ocial Security #	Date of Birth Sex	
l	HEAD			
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	usehold handicapped or disabled? Yes			
Æ	Fairfax County Moderate Income Rental Pro	ogram? □ Yes □	No	
	Date			

Reasonable Accommodations/alternative formats provided to persons with disabilities upon request. Information furnished to the Fairfax County Department of Housing and Community Development and Redevelopment and Housing Authority will be maintained and disseminated in accordance with the Freedom of Information Act, Code of Virginia, Sections 2.1-340 through 346.1, as amended, and the Privacy Protection Act of 1976, Code of Virginia Sections, 2.1-377 through 386, as amended.